

Section 5 — TOPICAL MODULES

Part A — TIME SPENT OUTSIDE THE WORK FORCE

CHECK
ITEM T1

Is . . . 21 years of age or over?

8000

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T2, page 56

1a. In what year did . . . first work six straight months or longer at a paid job or business?

(Consider either full- or part-time jobs.)

8002

1 9 — SKIP to 1c

- x3 ☐ Never worked 6 straight months at a job or business
x1 ☐ DK — SKIP to 1d

b. What is the main reason . . . never worked six straight months or longer at a paid job or business?

Mark (X) only one.

8004

- 1 ☐ Taking care of home or family
2 ☐ Ill or disabled
3 ☐ Going to school
4 ☐ Couldn't find work
5 ☐ Didn't want to work
6 ☐ Other
x1 ☐ DK

SKIP to
Check
Item T2,
page 56

c. Since (Year entered in 1a) how many years have there been when . . . worked at least 6 straight months during the year?

8006

x5 ☐ All years

OR

Years

x1 ☐ DK

d. During the time that . . . has worked, has . . . generally worked full time or part time?

8008

- 1 ☐ Full time
2 ☐ Part time

2a. People spend time not working at a paid job or business for various reasons, such as taking care of a home or family, illness, going to school, or other reasons. Since . . . was 21 years of age, have there been any periods lasting 6 months or longer when . . . did not work at a paid job or business?

8010

- 1 ☐ Yes
2 ☐ No — SKIP to Check Item T2, page 56

b. From the time . . . was 21 years old, when was the first time that . . . went 6 months or longer without working at a paid job or business?

8012

FROM 1 9

8016

x1 ☐ DK

TO 1 9

8017

x1 ☐ DK

(SHOW FLASHCARD LL)

c. What was the main reason . . . did not work at a paid job or business during that time?

Mark (X) only one.

8018

- 1 ☐ Taking care of a minor child
2 ☐ Taking care of an elderly family member
3 ☐ Taking care of a disabled but non-elderly family member
4 ☐ Other family or home responsibilities
5 ☐ Own illness or disability
6 ☐ Retirement or old age
7 ☐ Could not find work
8 ☐ Did not want to work
9 ☐ Going to school
10 ☐ Other

NOTES

TOPICAL MODULES

Section 5 — TOPICAL MODULES (Continued)

Part A — TIME SPENT OUTSIDE THE WORK FORCE (Continued)

2d. After this first time were there any other periods of 6 months or longer when . . . did not work at a paid job or business?

- 8020** 1 ☐ Yes
2 ☐ No — SKIP to Check Item T2, page 56

e. How many other times did this happen?

- 8022** 1 ☐ One time
2 ☐ Two times
3 ☐ Three or more times

Ask 2f and 2g for each "Other" time indicated above — maximum of three. Proceed from the earliest "Other" occurrence to the most recent.

f. When was the (second/third/fourth) time that . . . went 6 months or longer without working at a paid job or business?

(Consider either full- or part-time jobs.)

SECOND TIME

(SHOW FLASHCARD LL)

FROM
8024 1 9

8027 x1 ☐ DK

TO
8028 1 9

8030 x1 ☐ DK

2g. What was the main reason . . . did not work at a paid job or business during that time?

- 8026** 1 ☐ Taking care of a minor child
2 ☐ Taking care of an elderly family member
3 ☐ Taking care of a disabled but non-elderly family member
4 ☐ Other family or home responsibilities
5 ☐ Own illness or disability
6 ☐ Retirement or old age
7 ☐ Could not find work
8 ☐ Did not want to work
9 ☐ Going to school
10 ☐ Other

(Consider either full- or part-time jobs.)

THIRD TIME

(SHOW FLASHCARD LL)

FROM
8032 1 9

8035 x1 ☐ DK

TO
8036 1 9

8038 x1 ☐ DK

- 8034** 1 ☐ Taking care of a minor child
2 ☐ Taking care of an elderly family member
3 ☐ Taking care of a disabled but non-elderly family member
4 ☐ Other family or home responsibilities
5 ☐ Own illness or disability
6 ☐ Retirement or old age
7 ☐ Could not find work
8 ☐ Did not want to work
9 ☐ Going to school
10 ☐ Other

(Consider either full- or part-time jobs.)

FOURTH TIME

(SHOW FLASHCARD LL)

FROM
8040 1 9

8043 x1 ☐ DK

TO
8044 1 9

8046 x1 ☐ DK

- 8042** 1 ☐ Taking care of a minor child
2 ☐ Taking care of an elderly family member
3 ☐ Taking care of a disabled but non-elderly family member
4 ☐ Other family or home responsibilities
5 ☐ Own illness or disability
6 ☐ Retirement or old age
7 ☐ Could not find work
8 ☐ Did not want to work
9 ☐ Going to school
10 ☐ Other

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part B — CHILD SUPPORT AGREEMENTS

CHECK ITEM T2

Refer to cc items 24 and 25.

Is . . . the parent of children under 21 years of age who live in this household?

8400

1 ☐ Yes

2 ☐ No — SKIP to part C, page 61

1a. Does . . . have any children in this household under 21 years of age who have a parent living elsewhere?

(Do not include stepparents or parents who would be living at home except for military or other job related absences.)

8402

1 ☐ Yes

2 ☐ No — SKIP to part C, page 61

b. These next few questions concern child support. Have child support payments ever been agreed to or awarded for (any of) . . . 's children living here?

8404

1 ☐ Yes

2 ☐ No — SKIP to 4a, page 59

c. For how many children?

8406

Children

2a. In some cases, child support agreements are made and then later modified or revised. The following questions relate to the most recent initial agreement and any subsequent modifications of that agreement.

Was this agreement a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written (verbal) agreement?

8408

1 ☐ Voluntary written agreement ratified by the court

2 ☐ Court-ordered agreement

3 ☐ Other type of written agreement — Specify

4 ☐ Non-written agreement — SKIP to Check Item T4, page 58

b. Which children living here are covered by that agreement?

8410

x5 ☐ All

8411

x3 ☐ None

OR

Person No.

Name

8412

8414

8416

c. In what year was this agreement FIRST reached?

8418

1 9

x1 ☐ DK

d. What was the dollar amount of that agreement?

8420

\$. 00 Per week

8422

\$. 00 Biweekly

8424

\$. 00 Per month

8426

\$. 00 Per year

8428

x1 ☐ DK

e. Has the dollar amount ever been changed?

8430

1 ☐ Yes

2 ☐ No — SKIP to 2h

f. In what year was the amount LAST changed?

8432

1 9

x1 ☐ DK

g. What was the dollar amount for the agreement after the last change?

8434

\$. 00 Per week

8436

\$. 00 Biweekly

8438

\$. 00 Per month

8440

\$. 00 Per year

8442

x1 ☐ DK

Section 5 — TOPICAL MODULES (Continued)

Part B — CHILD SUPPORT AGREEMENTS (Continued)

2h. Were any payments due in the last 12 months?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8444</div> 1 <input type="checkbox"/> Yes — <i>SKIP to 2j</i> 2 <input type="checkbox"/> No
i. Why were no payments due in the last 12 months?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8446</div> 1 <input type="checkbox"/> Child(ren) over the age limit 2 <input type="checkbox"/> Other parent not working 3 <input type="checkbox"/> Other parent deceased 4 <input type="checkbox"/> Other — <i>Specify</i> <input checked="" type="checkbox"/> _____ _____
j. What is the total amount that . . . was supposed to have received in child support payments during the past 12 months (from the most recent agreement)?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8448</div> \$ _____ . 00 x1 <input type="checkbox"/> DK
k. What is the total amount that . . . actually received in child support payments under that agreement, during the past 12 months?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8450</div> \$ _____ . 00 OR x3 <input type="checkbox"/> None OR x1 <input type="checkbox"/> DK
l. How are the payments now received? Are they received — (Read responses.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8452</div> 1 <input type="checkbox"/> Directly from the other parent? 2 <input type="checkbox"/> Through a court? 3 <input type="checkbox"/> Through the welfare or child support agency? 4 <input type="checkbox"/> Some other method? — <i>Specify</i> <input checked="" type="checkbox"/> _____ _____ x1 <input type="checkbox"/> DK
m. How regularly are child support payments received? Are they received — (Read responses.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8454</div> 1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> None of the time
n. During the past 12 months, how many child support payments were paid within 30 days of when they were due? (Read responses.)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8456</div> 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Most 3 <input type="checkbox"/> Some 4 <input type="checkbox"/> None
o. What kinds of provisions for health care costs are included in the child support agreement? <i>Mark (X) all that apply.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8458</div> 1 <input type="checkbox"/> Non-custodial parent to provide health insurance <div style="border: 1px solid black; padding: 2px; display: inline-block;">8460</div> 2 <input type="checkbox"/> Custodial parent to provide health insurance <div style="border: 1px solid black; padding: 2px; display: inline-block;">8462</div> 3 <input type="checkbox"/> Non-custodial parent to pay medical costs directly <div style="border: 1px solid black; padding: 2px; display: inline-block;">8464</div> 4 <input type="checkbox"/> Child support payments to include cash medical support <div style="border: 1px solid black; padding: 2px; display: inline-block;">8466</div> 5 <input type="checkbox"/> None <div style="border: 1px solid black; padding: 2px; display: inline-block;">8468</div> 6 <input type="checkbox"/> Other — <i>Specify</i> <input checked="" type="checkbox"/> _____ _____ _____
p. What child custody arrangements does the most recent agreement specify?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8470</div> 1 <input type="checkbox"/> Joint legal and physical custody 2 <input type="checkbox"/> Joint legal with mother physical custody 3 <input type="checkbox"/> Joint legal with father physical custody 4 <input type="checkbox"/> Mother legal and physical custody 5 <input type="checkbox"/> Father legal and physical custody 6 <input type="checkbox"/> Split custody 7 <input type="checkbox"/> Other — <i>Specify</i> <input checked="" type="checkbox"/> _____ _____ _____
q. Does the child support agreement specify the visitation arrangement between the child(ren) and the other parent?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">8472</div> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section 5 — TOPICAL MODULES (Continued)

Part B — CHILD SUPPORT AGREEMENTS (Continued)

CHECK ITEM T3

Refer to items 1c and 2b.

Is more than one child covered by the most recent agreement?

8474

- 1 ☐ Yes
2 ☐ No — SKIP to 2s

2f. Did all the children visit the other parent about the same number of days in the last 12 months?

8476

- 1 ☐ Yes — ASK 2s for all children
2 ☐ No — ASK 2s for oldest child

5. What is the total amount of time (the oldest) (all) child(ren) spent visiting the other parent in the last 12 months?

8478

Days

8480

Weeks

8482

Months

8484

x3 ☐ None

8486

x1 ☐ DK

t. Where does the other parent (for this agreement) now live?

8488

- 1 ☐ Same county/city
2 ☐ Same State (different county/city)
3 ☐ Different State
4 ☐ Other parent now deceased — SKIP to Check Item T4
5 ☐ Other — Specify

x1 ☐ DK

u. If . . . had to contact the other parent, how would . . . do so? Would . . . contact the other parent — (Read responses.)

Mark (X) only one.

8490

- 1 ☐ Directly?
2 ☐ Through a friend?
3 ☐ Through a relative?
4 ☐ Other — Specify

5 ☐ No way of contacting other parent

CHECK ITEM T4

Refer to items 1c, 2b, and the Control Card Household Roster.

Does . . . have any children living in this household not covered by the most recent child support agreement?

8492

- 1 ☐ Yes
2 ☐ No — SKIP to 4a

3a. (Other than the support agreement discussed above), are any of . . . 's other children in this household covered by another written child support agreement?

8494

- 1 ☐ Yes
2 ☐ No — SKIP to 4a

b. How many other agreements?

8496

Number

c. The following questions relate to the most recent of these agreements. Was this agreement a voluntary written agreement ratified by the court, a court-ordered agreement, or some other type of written agreement?

8498

- 1 ☐ Voluntary written agreement ratified by the court
2 ☐ Court-ordered agreement
3 ☐ Other type of written agreement — Specify

d. Which children living here are covered by this agreement?

Person No. Name

8500

8502

8504

e. What is the total amount that . . . was supposed to have received in child support payments under this agreement, during the last 12 months?

8506

\$. 00 Per week

8508

\$. 00 Weekly

8510

\$. 00 Per month

8512

\$. 00 Per year

8513

x1 ☐ DK x3 ☐ None

Section 5 — TOPICAL MODULES (Continued)

Part B — CHILD SUPPORT AGREEMENTS (Continued)

3f. What is the total amount that . . . actually received in child support payments under this agreement, during the last 12 months?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8516</div> <div style="border-bottom: 1px solid black; width: 80px; margin-right: 5px;"></div> <div style="margin-right: 5px;">.</div> <div style="border-bottom: 1px solid black; width: 30px; margin-right: 5px;"></div> <div style="margin-right: 5px;">00</div> <div style="margin-right: 5px;">OR</div> </div> <div style="margin-top: 5px;"> x3 <input type="checkbox"/> None OR x1 <input type="checkbox"/> DK </div>
g. Where does the other parent (for this agreement) now live?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8518</div> <div style="margin-right: 5px;">1</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Same county/city</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8518</div> <div style="margin-right: 5px;">2</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Same State (different county/city)</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8518</div> <div style="margin-right: 5px;">3</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Different State</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8518</div> <div style="margin-right: 5px;">4</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Other parent now deceased</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8518</div> <div style="margin-right: 5px;">5</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Other — Specify <u> </u></div> </div> </div> </div> <div style="margin-top: 10px;"> x1 <input type="checkbox"/> DK </div> </div></div>
4a. For any of . . . 's children, has . . . ever asked a public agency (such as the child support enforcement office or welfare agency) for help in obtaining child support?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8520</div> <div style="margin-right: 5px;">1</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Yes</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8520</div> <div style="margin-right: 5px;">2</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>No — SKIP to Check Item T5</div> </div> </div>
b. In what year did . . . LAST ASK for help?	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8522</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"></div> </div> <div style="margin-top: 5px;"> x1 <input type="checkbox"/> DK </div>
c. What type of help did . . . ask for (Last contact)? Mark (X) all that apply.	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8524</div> <div style="margin-right: 5px;">1</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Locate the other parent</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8526</div> <div style="margin-right: 5px;">2</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Establish paternity/maternity</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8528</div> <div style="margin-right: 5px;">3</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Establish support obligation</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8530</div> <div style="margin-right: 5px;">4</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Establish medical support</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8532</div> <div style="margin-right: 5px;">5</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Enforce support order</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8534</div> <div style="margin-right: 5px;">6</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Modify an order</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8536</div> <div style="margin-right: 5px;">7</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Other — Specify <u> </u></div> </div> </div> </div> </div></div></div></div>
d. Did . . . receive any help from the agency (Last contact)?	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8538</div> <div style="margin-right: 5px;">1</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Yes</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8538</div> <div style="margin-right: 5px;">2</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>No — SKIP to Check Item T5</div> </div> </div>
e. What kind of help did . . . receive (Last contact)? Mark (X) all that apply.	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8540</div> <div style="margin-right: 5px;">1</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Locate the other parent</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8542</div> <div style="margin-right: 5px;">2</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Establish paternity/maternity</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8544</div> <div style="margin-right: 5px;">3</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Establish support obligation</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8546</div> <div style="margin-right: 5px;">4</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Establish medical support</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8548</div> <div style="margin-right: 5px;">5</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Enforce support order</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8550</div> <div style="margin-right: 5px;">6</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Modify an order</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8552</div> <div style="margin-right: 5px;">7</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Other — Specify <u> </u></div> </div> </div> </div></div></div></div></div>
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">CHECK ITEM T5</div> <div> Refer to item 2b. Are all children in the household covered by the most recent agreement? </div> </div>	<div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8554</div> <div style="margin-right: 5px;">1</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>Yes — SKIP to 5f, page 60</div> </div> <div style="margin-top: 5px;"> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8554</div> <div style="margin-right: 5px;">2</div> <div style="margin-right: 5px;"><input type="checkbox"/></div> <div>No</div> </div> </div>

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part B — CHILD SUPPORT AGREEMENTS (Continued)

5a. How many children living in ...'s household do not have a child support award from an absent parent?	8556 <input type="text"/> <input type="text"/> Number x3 <input type="checkbox"/> None — SKIP to 5f																				
b. Do all of ...'s children without a child support award have the same absent parent?	8558 1 <input type="checkbox"/> Yes — ASK 5c, 5d, and 5e only for youngest child WITHOUT an award. 2 <input type="checkbox"/> No — ASK 5c, 5d, and 5e for youngest child WITHOUT an award; and if more than two children, ask 5c, 5d, and 5e for oldest child WITHOUT an award																				
c. Why were child support payments not agreed to or awarded for ...'s (youngest) (oldest) child without an award? Record person number of child. Mark (X) all that apply.	<table border="1"> <thead> <tr> <th data-bbox="673 493 1015 546">YOUNGEST CHILD</th> <th data-bbox="1015 493 1351 546">OLDEST CHILD</th> </tr> </thead> <tbody> <tr> <td data-bbox="673 546 1015 598"> 8560 <input type="text"/> <input type="text"/> <input type="text"/> Person number </td> <td data-bbox="1015 546 1351 598"> 8562 <input type="text"/> <input type="text"/> <input type="text"/> Person number </td> </tr> <tr> <td data-bbox="673 598 1015 630"> 8564 1 <input type="checkbox"/> Paternity not established </td> <td data-bbox="1015 598 1351 630"> 8566 1 <input type="checkbox"/> Paternity not established </td> </tr> <tr> <td data-bbox="673 630 1015 661"> 8568 2 <input type="checkbox"/> Unable to locate parent </td> <td data-bbox="1015 630 1351 661"> 8570 2 <input type="checkbox"/> Unable to locate parent </td> </tr> <tr> <td data-bbox="673 661 1015 693"> 8572 3 <input type="checkbox"/> Father unable to pay </td> <td data-bbox="1015 661 1351 693"> 8574 3 <input type="checkbox"/> Father unable to pay </td> </tr> <tr> <td data-bbox="673 693 1015 724"> 8576 4 <input type="checkbox"/> Final agreement pending </td> <td data-bbox="1015 693 1351 724"> 8578 4 <input type="checkbox"/> Final agreement pending </td> </tr> <tr> <td data-bbox="673 724 1015 756"> 8580 5 <input type="checkbox"/> Accepted property settlement in lieu of child support </td> <td data-bbox="1015 724 1351 756"> 8582 5 <input type="checkbox"/> Accepted property settlement in lieu of child support </td> </tr> <tr> <td data-bbox="673 756 1015 787"> 8584 6 <input type="checkbox"/> Do not want child support </td> <td data-bbox="1015 756 1351 787"> 8586 6 <input type="checkbox"/> Do not want child support </td> </tr> <tr> <td data-bbox="673 787 1015 819"> 8588 7 <input type="checkbox"/> Did not pursue award </td> <td data-bbox="1015 787 1351 819"> 8590 7 <input type="checkbox"/> Did not pursue award </td> </tr> <tr> <td data-bbox="673 819 1015 924"> 8592 8 <input type="checkbox"/> Other — Specify _____ _____ _____ _____ </td> <td data-bbox="1015 819 1351 924"> 8594 8 <input type="checkbox"/> Other — Specify _____ _____ _____ _____ </td> </tr> </tbody> </table>	YOUNGEST CHILD	OLDEST CHILD	8560 <input type="text"/> <input type="text"/> <input type="text"/> Person number	8562 <input type="text"/> <input type="text"/> <input type="text"/> Person number	8564 1 <input type="checkbox"/> Paternity not established	8566 1 <input type="checkbox"/> Paternity not established	8568 2 <input type="checkbox"/> Unable to locate parent	8570 2 <input type="checkbox"/> Unable to locate parent	8572 3 <input type="checkbox"/> Father unable to pay	8574 3 <input type="checkbox"/> Father unable to pay	8576 4 <input type="checkbox"/> Final agreement pending	8578 4 <input type="checkbox"/> Final agreement pending	8580 5 <input type="checkbox"/> Accepted property settlement in lieu of child support	8582 5 <input type="checkbox"/> Accepted property settlement in lieu of child support	8584 6 <input type="checkbox"/> Do not want child support	8586 6 <input type="checkbox"/> Do not want child support	8588 7 <input type="checkbox"/> Did not pursue award	8590 7 <input type="checkbox"/> Did not pursue award	8592 8 <input type="checkbox"/> Other — Specify _____ _____ _____ _____	8594 8 <input type="checkbox"/> Other — Specify _____ _____ _____ _____
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8592 8 <input type="checkbox"/> Other — Specify _____ _____ _____ _____	8594 8 <input type="checkbox"/> Other — Specify _____ _____ _____ _____																				
d. Where does the other parent for this (youngest) (oldest) child now live?	<table border="1"> <tbody> <tr> <td data-bbox="673 924 1015 955"> 8596 1 <input type="checkbox"/> Same county/city </td> <td data-bbox="1015 924 1351 955"> 8598 1 <input type="checkbox"/> Same county/city </td> </tr> <tr> <td data-bbox="673 955 1015 987"> 8600 2 <input type="checkbox"/> Same state (different county/city) </td> <td data-bbox="1015 955 1351 987"> 8602 2 <input type="checkbox"/> Same state (different county/city) </td> </tr> <tr> <td data-bbox="673 987 1015 1018"> 8604 3 <input type="checkbox"/> Different state </td> <td data-bbox="1015 987 1351 1018"> 8606 3 <input type="checkbox"/> Different state </td> </tr> <tr> <td data-bbox="673 1018 1015 1050"> 8608 4 <input type="checkbox"/> Other parent deceased </td> <td data-bbox="1015 1018 1351 1050"> 8610 4 <input type="checkbox"/> Other parent deceased </td> </tr> <tr> <td data-bbox="673 1050 1015 1207"> 8612 5 <input type="checkbox"/> Other — Specify _____ _____ _____ _____ </td> <td data-bbox="1015 1050 1351 1207"> 8614 5 <input type="checkbox"/> Other — Specify _____ _____ _____ _____ </td> </tr> <tr> <td data-bbox="673 1207 1015 1239"> x1 <input type="checkbox"/> Don't know </td> <td data-bbox="1015 1207 1351 1239"> x1 <input type="checkbox"/> Don't know </td> </tr> </tbody> </table>	8596 1 <input type="checkbox"/> Same county/city	8598 1 <input type="checkbox"/> Same county/city	8600 2 <input type="checkbox"/> Same state (different county/city)	8602 2 <input type="checkbox"/> Same state (different county/city)	8604 3 <input type="checkbox"/> Different state	8606 3 <input type="checkbox"/> Different state	8608 4 <input type="checkbox"/> Other parent deceased	8610 4 <input type="checkbox"/> Other parent deceased	8612 5 <input type="checkbox"/> Other — Specify _____ _____ _____ _____	8614 5 <input type="checkbox"/> Other — Specify _____ _____ _____ _____	x1 <input type="checkbox"/> Don't know	x1 <input type="checkbox"/> Don't know								
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x1 <input type="checkbox"/> Don't know	x1 <input type="checkbox"/> Don't know																				
e. If ... had to contact the other parent for (youngest) (oldest) child, (without an award), how would ... do so? Would ... contact the other parent — (Read responses.) Mark (X) one.	<table border="1"> <tbody> <tr> <td data-bbox="673 1207 1015 1239"> 8616 1 <input type="checkbox"/> Directly? </td> <td data-bbox="1015 1207 1351 1239"> 8618 1 <input type="checkbox"/> Directly? </td> </tr> <tr> <td data-bbox="673 1239 1015 1270"> 2 <input type="checkbox"/> Through a friend? </td> <td data-bbox="1015 1239 1351 1270"> 2 <input type="checkbox"/> Through a friend? </td> </tr> <tr> <td data-bbox="673 1270 1015 1302"> 3 <input type="checkbox"/> Through a relative? </td> <td data-bbox="1015 1270 1351 1302"> 3 <input type="checkbox"/> Through a relative? </td> </tr> <tr> <td data-bbox="673 1302 1015 1438"> 4 <input type="checkbox"/> Other — Specify _____ _____ _____ _____ </td> <td data-bbox="1015 1302 1351 1438"> 4 <input type="checkbox"/> Other — Specify _____ _____ _____ _____ </td> </tr> <tr> <td data-bbox="673 1438 1015 1480"> 5 <input type="checkbox"/> No way of contacting other parent </td> <td data-bbox="1015 1438 1351 1480"> 5 <input type="checkbox"/> No way of contacting other parent </td> </tr> </tbody> </table>	8616 1 <input type="checkbox"/> Directly?	8618 1 <input type="checkbox"/> Directly?	2 <input type="checkbox"/> Through a friend?	2 <input type="checkbox"/> Through a friend?	3 <input type="checkbox"/> Through a relative?	3 <input type="checkbox"/> Through a relative?	4 <input type="checkbox"/> Other — Specify _____ _____ _____ _____	4 <input type="checkbox"/> Other — Specify _____ _____ _____ _____	5 <input type="checkbox"/> No way of contacting other parent	5 <input type="checkbox"/> No way of contacting other parent										
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5 <input type="checkbox"/> No way of contacting other parent	5 <input type="checkbox"/> No way of contacting other parent																				
f. Were any child support payments received in the last 12 months without a written child support agreement for any of ...'s children under age 21 living here?	8620 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 5h																				
g. What is the total amount that ... received in child support payments under this arrangement in the past 12 months?	8622 \$ <input type="text"/> . <input type="text"/> 00 OR x1 <input type="checkbox"/> DK																				
h. Were any non-cash items or services for child support received for any of ...'s children?	8624 1 <input type="checkbox"/> Yes — Specify _____ _____ _____ _____																				
	2 <input type="checkbox"/> No																				

Section 5 — TOPICAL MODULES (Continued)

Part C — SUPPORT FOR NONHOUSEHOLD MEMBERS

1. During the past 12 months, did . . . make any regular or lump-sum payments for the support of someone who did not live in . . . 's household?	8700 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to part D, page 63
2a. Did . . . make regular payments, lump-sum payments, or both?	8702 1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> Lump-sum 3 <input type="checkbox"/> Both
b. Were any of these payments for the support of . . . 's child or children under 21 years of age?	8704 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 5b, page 62
c. For how many children did . . . make support payments?	8706 <input type="text"/> Children x1 <input type="checkbox"/> DK
d. Were any of these payments the result of a court order or some other kind of written agreement?	8708 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 4d, page 62
3a. These next few questions relate to the most recent child support agreement for . . . 's children. How many children are covered by that agreement?	8710 <input type="text"/> Children x1 <input type="checkbox"/> DK
b. Was this agreement a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written (verbal) agreement?	8712 1 <input type="checkbox"/> Voluntary written agreement ratified by the court 2 <input type="checkbox"/> Court-ordered agreement 3 <input type="checkbox"/> Other type of written agreement — Specify <input checked="" type="checkbox"/> 4 <input type="checkbox"/> Non-written agreement — SKIP to 4a, page 62
c. In what year was this agreement FIRST reached?	8714 1 9 <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
d. Has the dollar amount originally agreed to ever been changed?	8716 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 3f
e. In what year was the amount last changed?	8718 1 9 <input type="text"/> <input type="text"/> x1 <input type="checkbox"/> DK
f. Is . . . still supposed to pay child support?	8720 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. How much did . . . pay in child support under this agreement during the past 12 months?	8722 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK
h. Are these payments made — (Read responses.)	8724 1 <input type="checkbox"/> Through employment related wage withholding? 2 <input type="checkbox"/> Directly to the other parent? 3 <input type="checkbox"/> Directly to the court? 4 <input type="checkbox"/> Directly to a child support agency? 5 <input type="checkbox"/> Other — Specify <input checked="" type="checkbox"/> x1 <input type="checkbox"/> DK

Section 5 — TOPICAL MODULES (Continued)

Part C — SUPPORT FOR NONHOUSEHOLD MEMBERS (Continued)

3i. What kinds of provisions for health care costs were included in the child support agreement? Mark (X) all that apply.		8726 <input type="checkbox"/> Non-custodial parent to provide health insurance 8728 <input type="checkbox"/> Custodial parent to provide health insurance 8730 <input type="checkbox"/> Non-custodial parent to pay medical costs directly 8732 <input type="checkbox"/> Child support payments to include cash medical support 8734 <input type="checkbox"/> Other — Specify <u> </u> 8736 <input type="checkbox"/> None				
4a. (Other than the most recent support agreement discussed above), were any of ...'s other children outside of this household under age 21 covered by any other court-ordered and/or written child support agreement?		8738 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 4c				
b. How much did ... pay in child support for this/these agreement(s) during the past 12 months?		8740 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK				
c. Were any child support payments made without a written child support agreement for ...'s children under age 21 during the past 12 months?		8742 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 5a				
d. How much did ... pay for child support under this arrangement during the past 12 months?		8744 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK				
5a. During the past 12 months, did ... make regular payments for the support of any other person not living in ...'s household?		8746 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to part D				
b. For how many (other) persons did ... make support payments?		8748 <input type="text"/> Persons x1 <input type="checkbox"/> DK				
c. How is this person related to ...?		<table border="1"> <thead> <tr> <th>FIRST PERSON</th> <th>SECOND PERSON</th> </tr> </thead> <tbody> <tr> <td> 8750 <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child under 21 <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Not related </td> <td> 8752 <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child under 21 <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Not related </td> </tr> </tbody> </table>	FIRST PERSON	SECOND PERSON	8750 <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child under 21 <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Not related	8752 <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child under 21 <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Not related
FIRST PERSON	SECOND PERSON					
8750 <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child under 21 <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Not related	8752 <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Child under 21 <input type="checkbox"/> Child 21 or older <input type="checkbox"/> Other relative <input type="checkbox"/> Not related					
d. Where was this person most often living during the past 12 months? Was it in a private home or apartment, a nursing home, or someplace else?		<table border="1"> <tbody> <tr> <td> 8754 <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else </td> <td> 8756 <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else </td> </tr> </tbody> </table>	8754 <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else	8756 <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else		
8754 <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else	8756 <input type="checkbox"/> Private home or apartment <input type="checkbox"/> Nursing home <input type="checkbox"/> Someplace else					
e. How much did ... pay for the support of this person during the past 12 months?		<table border="1"> <tbody> <tr> <td> 8758 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK </td> <td> 8760 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK </td> </tr> </tbody> </table>	8758 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	8760 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK		
8758 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK	8760 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK					
CHECK ITEM T6 Is the entry in item 5b "03" or more?		8762 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to part D				
6. How much did ... pay during the past 12 months for the support of the other persons that we have not talked about already?		8764 \$ <input type="text"/> . <input type="text"/> 00 x1 <input type="checkbox"/> DK				

Section 5 — TOPICAL MODULES (Continued)

Part D— FUNCTIONAL LIMITATIONS AND DISABILITY

<p>1. These next few questions are about . . . 's health. Would you say . . . 's health in general is excellent, very good, good, fair, or poor?</p>	<p>8800 1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor</p>
<p><i>Mark by observation if apparent.</i></p> <p>2. Does . . . use any of the following aids to get around?</p> <p>a. A cane, crutches, or a walker</p> <p>b. A wheelchair</p>	<p>8802 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8804 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>CHECK ITEM T7 Is "Yes" marked in 2a or 2b above?</p>	<p>8806 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 4a</i></p>
<p>3. Has . . . used (Aid mentioned in 2a or 2b) for six months or longer?</p>	<p>8808 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>4a. Does . . . have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if . . . usually wears them?</p>	<p>8810 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty — <i>SKIP to 5a</i></p>
<p>b. Is . . . able to see the words and letters in ordinary newsprint at all?</p>	<p>8812 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>5a. Does . . . have any difficulty hearing what is said in a normal conversation with another person (using a hearing aid if . . . usually wears one)?</p>	<p>8814 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty — <i>SKIP to 6a</i></p>
<p>b. Is . . . able to hear what is said in a normal conversation at all?</p>	<p>8816 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>6a. Because of a health condition or problem, does . . . have any difficulty having his/her speech understood?</p>	<p>8818 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty — <i>SKIP to 7a</i></p>
<p>b. Is . . . able to have his/her speech understood at all?</p>	<p>8820 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>7a. Does . . . have any difficulty lifting and carrying something as heavy as 10 lbs., such as a full bag of groceries?</p>	<p>8822 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty — <i>SKIP to 8a</i></p>
<p>b. Is . . . able to lift and carry this much weight at all?</p>	<p>8824 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>8a. Does . . . have any difficulty climbing a flight of stairs without resting?</p>	<p>8826 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty — <i>SKIP to 9a</i></p>
<p>b. Is . . . able to climb a flight of stairs without resting at all?</p>	<p>8828 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>9a. Does . . . have any difficulty walking a quarter of a mile — about 3 city blocks?</p>	<p>8830 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty — <i>SKIP to 10a</i></p>
<p>b. Is . . . able to walk a quarter of a mile at all?</p>	<p>8832 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>10a. Does . . . have any difficulty using the telephone?</p>	<p>8834 1 <input type="checkbox"/> Has difficulty 2 <input type="checkbox"/> No difficulty — <i>SKIP to 11a, page 64</i></p>
<p>b. Is . . . able to use the telephone at all?</p>	<p>8836 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

Section 5 — TOPICAL MODULES (Continued)

Part D — FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

11a. Because of a physical or mental health condition, does . . . have difficulty doing any of the following by himself/herself (exclude the effects of temporary conditions)? If an aid is used, ask whether the person has difficulty even when using the aid.		11b. Does . . . need the help of another person with (Name of activity)? <i>Mark "Yes" if person sometimes needs help or usually needs help.</i>
FIELD REPRESENTATIVE INSTRUCTION ▶ Repeat lead-in as necessary.		
(1) Getting around INSIDE the home?	8838 1 <input type="checkbox"/> Has difficulty — ASK 11b 2 <input type="checkbox"/> No difficulty	8839 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(2) Going OUTSIDE the home, for example to shop or visit a doctor's office?	8840 1 <input type="checkbox"/> Has difficulty — ASK 11b 2 <input type="checkbox"/> No difficulty	8841 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(3) Getting in and out of bed or a chair?	8842 1 <input type="checkbox"/> Has difficulty — ASK 11b 2 <input type="checkbox"/> No difficulty	8843 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(4) Taking a bath or shower?	8844 1 <input type="checkbox"/> Has difficulty — ASK 11b 2 <input type="checkbox"/> No difficulty	8845 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(5) Dressing?	8846 1 <input type="checkbox"/> Has difficulty — ASK 11b 2 <input type="checkbox"/> No difficulty	8847 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(6) Walking?	8848 1 <input type="checkbox"/> Has difficulty — ASK 11b 2 <input type="checkbox"/> No difficulty	8849 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(7) Eating?	8850 1 <input type="checkbox"/> Has difficulty — ASK 11b 2 <input type="checkbox"/> No difficulty	8851 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(8) Using the toilet, including getting to the toilet?	8852 1 <input type="checkbox"/> Has difficulty — ASK 11b 2 <input type="checkbox"/> No difficulty	8853 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(9) Keeping track of money and bills?	8854 1 <input type="checkbox"/> Has difficulty — ASK 11b 2 <input type="checkbox"/> No difficulty	8855 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(10) Preparing meals?	8856 1 <input type="checkbox"/> Has difficulty — ASK 11b 2 <input type="checkbox"/> No difficulty	8857 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
(11) Doing light housework, such as washing dishes or sweeping a floor?	8858 1 <input type="checkbox"/> Has difficulty — ASK 11b 2 <input type="checkbox"/> No difficulty	8859 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
CHECK ITEM T8 Is "Yes" marked in item 11b for any of the activities listed above?	8860 1 <input type="checkbox"/> Yes — Go to 12a 2 <input type="checkbox"/> No — SKIP to Check Item T9	

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part D — FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

<p>12a. You have said that . . . needs the help of another person with one or more activities. Who helps . . . with these activities?</p> <p>Anyone else?</p>	<p>FIRST HELPER</p> <p>RELATIVE</p> <p>8876 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative 9 <input type="checkbox"/> Did not receive help — SKIP to 13</p>	<p>SECOND HELPER</p> <p>RELATIVE</p> <p>8878 1 <input type="checkbox"/> Son 2 <input type="checkbox"/> Daughter 3 <input type="checkbox"/> Spouse 4 <input type="checkbox"/> Parent 5 <input type="checkbox"/> Other relative</p> <p>NONRELATIVE</p> <p>6 <input type="checkbox"/> Friend or neighbor 7 <input type="checkbox"/> Paid help 8 <input type="checkbox"/> Other nonrelative</p>
<p>ASK OR VERIFY —</p> <p>b. Is (Person mentioned above) a household member?</p>	<p>FIRST HELPER</p> <p>8880 1 <input type="checkbox"/> Yes</p> <p>Person number</p> <p>8883 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8885 2 <input type="checkbox"/> No</p>	<p>SECOND HELPER</p> <p>8882 1 <input type="checkbox"/> Yes</p> <p>Person number</p> <p>8884 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>8886 2 <input type="checkbox"/> No</p>
<p>c. For how long has . . . needed the help of another person?</p>	<p>8887 1 <input type="checkbox"/> Less than 6 months 2 <input type="checkbox"/> 6 to 11 months 3 <input type="checkbox"/> 1 to 2 years 4 <input type="checkbox"/> 3 to 5 years 5 <input type="checkbox"/> More than 5 years</p>	
<p>ASK OR VERIFY —</p> <p>d. During the past month did . . . (or . . . 's) family pay for any of the help that . . . received?</p>	<p>8888 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No x1 <input type="checkbox"/> DK } SKIP to 13</p>	
<p>e. How much was paid for such help in (Read last month)?</p>	<p>8889 \$ <input type="text"/> . <input type="text"/> 00</p> <p>x1 <input type="checkbox"/> DK</p>	
<p>CHECK ITEM T9 Is "Has difficulty" marked in items 7a, 8a, 9a, 10a, or 11a for any activity?</p>	<p>8890 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15</p>	
<p>(SHOW FLASHCARD AA)</p> <p>13. I have recorded that . . . has difficulty with certain activities. Which condition or conditions on this card cause this difficulty? Any other?</p>	<p>8892 <input type="text"/> First condition</p> <p>8894 <input type="text"/> Second condition</p> <p>8896 <input type="text"/> Third condition</p>	
<p>CHECK ITEM T10 Are two or more conditions entered in item 13?</p>	<p>8898 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 15</p>	
<p>14. Which of the conditions do you consider to be the main reason for . . . 's difficulty?</p>	<p>8900 <input type="text"/> Main condition</p>	
<p>15. Does . . . have —</p> <p>a. A learning disability such as dyslexia?</p> <p>b. Mental retardation?</p> <p>c. A developmental disability such as autism or cerebral palsy?</p> <p>d. Alzheimers disease, senility, or dementia?</p> <p>e. Any other mental or emotional condition?</p>	<p>8902 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8904 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8906 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8908 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>8910 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	

Section 5 — TOPICAL MODULES (Continued)

Part D — FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

CHECK ITEM T11	Refer to cc item 24. What is ...'s age?	8912	<input type="checkbox"/> 1 15 years old — SKIP to Check Item T17 <input type="checkbox"/> 2 16 to 67 years old <input type="checkbox"/> 3 68 years old or older — SKIP to 18a
CHECK ITEM T12	Refer to cc item 47. Is "Disabled" (code 171) marked on the Control Card for ...?	8914	<input type="checkbox"/> 1 Yes — SKIP to 16 <input type="checkbox"/> 2 No
CHECK ITEM T13	Is "Disabled" (code 171) marked on the ISS for ...?	8916	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 17a
16.	We have recorded that ...'s health or condition limits the kind or amount of work ... can do. Is that correct?	8918	<input type="checkbox"/> 1 Yes — SKIP to Check Item T14 <input type="checkbox"/> 2 No — SKIP to 18a
17a.	Does ... have a physical, mental, or other health condition which limits the kind or amount of work ... can do?	8920	<input type="checkbox"/> 1 Yes — Mark "171" on ISS <input type="checkbox"/> 2 No — SKIP to 18a
CHECK ITEM T14	Is "Worked" (code 170) marked on ISS?	8922	<input type="checkbox"/> 1 Yes — SKIP to 18a <input type="checkbox"/> 2 No
17b.	Does ...'s health or condition prevent ... from working at a job or business?	8924	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
18a.	Does ... have a physical, mental, or other health condition which limits the kind or amount of work ... can do around the house?	8926	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item T15
b.	Does ...'s health or condition completely prevent ... from doing work around the house?	8928	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
CHECK ITEM T15	Is "Yes" marked in 16, 17a, or 18a?	8930	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item T17
19.	(SHOW FLASHCARD AA) I have marked that ... is limited in working at a job or around the house — Which condition or conditions on this card are the cause of this limitation? Any other condition?	8932 <input type="checkbox"/> <input type="checkbox"/> First condition 8934 <input type="checkbox"/> <input type="checkbox"/> Second condition 8936 <input type="checkbox"/> <input type="checkbox"/> Third condition	
CHECK ITEM T16	Are two or more conditions entered in item 19?	8938	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item T17
20.	Which of the conditions do you consider the main reason for the limitation?	8940	<input type="checkbox"/> <input type="checkbox"/> Main condition
CHECK ITEM T17	Refer to cc items 24 and 27. Is ... the designated parent or guardian of children under the age of 6 who live in this household?	8942	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to Check Item T18
21a.	Because of a physical, learning, or mental health condition, do any of ...'s children under 6 years of age have any limitations at all in the usual kind of activities done by most children their age?	8944	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No — SKIP to 22a
b.	Which children have activity limitations?	Person No. Name 8946 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ 8948 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ 8950 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____	

Section 5 — TOPICAL MODULES (Continued)

Part D — FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

22a. Have any of . . . 's children under the age of 6 received therapy or diagnostic services designed to meet their developmental needs?	8952	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T18								
b. Which children have received these services?		<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%; text-align: left;">Person No.</th> <th style="width: 15%; text-align: left;">Name</th> </tr> <tr> <td>8954 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> <tr> <td>8956 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> <tr> <td>8958 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> </table>	Person No.	Name	8954 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	8956 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	8958 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
Person No.	Name									
8954 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
8956 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
8958 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
CHECK ITEM T18 Refer to cc items 24, 25, and 27. Is . . . the designated parent or guardian of children between the ages of 6 and 21 who live in this household?	8960	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T19								
23a. Because of a physical, learning, or mental health condition, do any of . . . 's children between the ages of 6 and 21 have limitations in their ability to do regular school work?	8962	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 24a								
b. Which children have difficulty doing regular school work?		<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%; text-align: left;">Person No.</th> <th style="width: 15%; text-align: left;">Name</th> </tr> <tr> <td>8964 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> <tr> <td>8966 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> <tr> <td>8968 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> </table>	Person No.	Name	8964 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	8966 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	8968 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
Person No.	Name									
8964 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
8966 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
8968 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
24a. Have any of . . . 's children between the ages of 6 and 21 ever received any special education services?	8970	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T19								
b. Which children have received special education services?		<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%; text-align: left;">Person No.</th> <th style="width: 15%; text-align: left;">Name</th> </tr> <tr> <td>8972 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> <tr> <td>8974 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> <tr> <td>8976 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> </table>	Person No.	Name	8972 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	8974 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	8976 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
Person No.	Name									
8972 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
8974 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
8976 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
25a. Are any of . . . 's children between the ages of 6 and 21 currently receiving special education services?	8978	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T19								
b. Which children are currently receiving special education services?		<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%; text-align: left;">Person No.</th> <th style="width: 15%; text-align: left;">Name</th> </tr> <tr> <td>8980 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> <tr> <td>8982 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> <tr> <td>8984 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> </table>	Person No.	Name	8980 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	8982 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	8984 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
Person No.	Name									
8980 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
8982 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
8984 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
CHECK ITEM T19 Refer to cc items 24 and 27. Is . . . the designated parent or guardian of children between the ages of 3 and 14 who live in this household?	8986	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T20								
26a. Do any of . . . 's children between the ages of 3 and 14 have a long lasting condition that limits their ability to walk, run, or use stairs?	8988	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to Check Item T20								
b. Which children have difficulty with these activities?		<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%; text-align: left;">Person No.</th> <th style="width: 15%; text-align: left;">Name</th> </tr> <tr> <td>8990 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> <tr> <td>8992 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> <tr> <td>8994 <input style="width: 40px;" type="text"/></td> <td><input style="width: 150px;" type="text"/></td> </tr> </table>	Person No.	Name	8990 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	8992 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>	8994 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>
Person No.	Name									
8990 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
8992 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
8994 <input style="width: 40px;" type="text"/>	<input style="width: 150px;" type="text"/>									
CHECK ITEM T20 Are any person numbers recorded in items 21b through 26b?	8996	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 28a								

Section 5 — TOPICAL MODULES (Continued)

Part D — FUNCTIONAL LIMITATIONS AND DISABILITY (Continued)

(SHOW FLASHCARD BB)

27. I have recorded that (Read names of children identified in items 21b–26b) have difficulty(ies) with certain activities?

Which condition or conditions on this card are responsible for these difficulties?

Any other?

FIRST CHILD

Person No. Name

8998

9000

First condition

9002

Second condition

9004

Third condition

SECOND CHILD

Person No. Name

9006

9008

First condition

9010

Second condition

9012

Third condition

THIRD CHILD

Person No. Name

9014

9016

First condition

9018

Second condition

9020

Third condition

28a. In the last 12 months, has . . . applied for Social Security disability or SSI benefits for him/herself?

9022

1 ☐ Yes

2 ☐ No — SKIP to part E

b. Is . . . receiving Social Security disability or SSI benefits?

9024

1 ☐ Yes

2 ☐ No — SKIP to part E

c. In which of the past 12 months did . . . first receive Social Security disability or SSI benefits?

9026

Month

x1 ☐ DK

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part E — UTILIZATION OF HEALTH CARE SERVICES

1a. During the past 12 months, was . . . a patient in a hospital overnight or longer?	9100 <input type="checkbox"/> Yes <input type="checkbox"/> No — <i>SKIP to 3</i>
b. How many different times did . . . stay in a hospital overnight or longer during the past 12 months?	9102 <input type="text"/> <input type="text"/> Times x1 <input type="checkbox"/> DK
c. What was the reason for . . . 's last hospital stay? <i>Mark (X) all that apply.</i>	9104 <input type="checkbox"/> Child birth 9106 <input type="checkbox"/> Surgery or operation (including bone setting or getting stitches) 9108 <input type="checkbox"/> Other medical 9110 <input type="checkbox"/> Mental or emotional problem or disorder 9112 <input type="checkbox"/> Drug or alcohol abuse problem or disorder
d. Was . . . a patient in a VA or military hospital during (this visit/any of these visits)?	9114 <input type="checkbox"/> Yes, military <input type="checkbox"/> Yes, VA <input type="checkbox"/> Yes, both military and VA <input type="checkbox"/> No
2a. Was . . . a patient in a psychiatric hospital or a psychiatric unit of a hospital during (this visit/any of these visits)?	9116 <input type="checkbox"/> Yes <input type="checkbox"/> No
b. How many nights in all did . . . spend in a hospital of any type during the past 12 months?	9118 <input type="text"/> <input type="text"/> <input type="text"/> Nights x1 <input type="checkbox"/> DK
c. How many of these nights were in the past 4 months?	9120 x5 <input type="checkbox"/> All nights OR <input type="text"/> <input type="text"/> <input type="text"/> Nights OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
3. During the past 4 months, about how many days did illness or injury keep . . . in bed more than half of the day? (Include days while an overnight patient in a hospital.)	9122 x5 <input type="checkbox"/> All days OR <input type="text"/> <input type="text"/> <input type="text"/> Days OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None
4a. During the past 12 months, how many times did . . . see or talk to a medical doctor or assistant? (Do not count occurrences while an overnight patient in a hospital.)	9124 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None } <i>SKIP to 5a</i>
b. How many of these visits or calls were in the past 4 months?	9126 <input type="text"/> <input type="text"/> Times OR x1 <input type="checkbox"/> DK x3 <input type="checkbox"/> None

NOTES

Section 5 — TOPICAL MODULES (Continued)

Part E — UTILIZATION OF HEALTH CARE SERVICES (Continued)

5a. During the past 12 months, how many visits did ... make to a dentist? <i>Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9127</div> <div style="margin-top: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Times OR X1 <input type="checkbox"/> DK X3 <input type="checkbox"/> None } <i>SKIP to 6a</i> </div>
b. How many of these visits were in the past 4 months?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9128</div> <div style="margin-top: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> Times OR X1 <input type="checkbox"/> DK X3 <input type="checkbox"/> None </div>
6a. Is there a particular clinic, health center, doctor's office, or some other place where ... usually goes if ... is sick or needs advice about ...'s health?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9129</div> <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T21</i> </div>
b. To what kind of place does ... usually go? <i>Mark (X) only one.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9130</div> <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Doctor's office (or HMO) 2 <input type="checkbox"/> VA hospital 3 <input type="checkbox"/> Military hospital 4 <input type="checkbox"/> Hospital outpatient clinic (not VA or military) 5 <input type="checkbox"/> Hospital emergency room 6 <input type="checkbox"/> Company or industry clinic 7 <input type="checkbox"/> Health center (neighborhood health center or free or low-cost clinic) 8 <input type="checkbox"/> Psychiatric clinic 9 <input type="checkbox"/> Psychiatric Hospital 10 <input type="checkbox"/> Private practice psychiatrist or other mental health professional 11 <input type="checkbox"/> Other — <i>Specify</i> </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T21</div> <i>Refer to item 27a, page 10.</i> Is ... covered by a health insurance plan?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9132</div> <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item C1, page 71</i> 2 <input type="checkbox"/> No </div>
<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">CHECK ITEM T22</div> Is "Medicare" (code 172) or "Medicaid" (code 173) marked on the ISS?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9134</div> <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item C1, page 71</i> 2 <input type="checkbox"/> No </div>
7. I have recorded that ... is not covered by a health insurance plan. Is that correct?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9136</div> <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Correct 2 <input type="checkbox"/> Incorrect — covered by some other plan — <i>SKIP to Check Item C1, page 71</i> </div>
<div style="margin-bottom: 5px;"><i>(SHOW FLASHCARD JJ)</i></div> 8. Which answer on this card best describes why ... is not covered by health insurance? <i>Mark (X) only one.</i>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9138</div> <div style="margin-top: 10px;"> 1 <input type="checkbox"/> Job layoff, job loss, or any reasons related to unemployment 2 <input type="checkbox"/> Employer does not offer health insurance 3 <input type="checkbox"/> Can't obtain health insurance because of poor health, illness, or age 4 <input type="checkbox"/> Too expensive; can't afford health insurance 5 <input type="checkbox"/> Don't believe in health insurance 6 <input type="checkbox"/> Have been healthy; not much sickness in the family; haven't needed health insurance 7 <input type="checkbox"/> Able to go to VA or military hospital for medical care 8 <input type="checkbox"/> Covered by some other health plan 9 <input type="checkbox"/> Other — <i>Specify</i> </div>

NOTES

CALLBACK SUMMARY